

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning

and ending

B Check if applicable

- ☒ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print type. See Specific Instructions

C Name of organization

Police Protective Fund

Number and street (or P O box if mail is not delivered to street address)

6605 Hollywood Blvd.

Room/suite

224

City or town, state or country, and ZIP + 4

Hollywood, CA 90028

D Employer identification number

74-2864446

E Telephone number

512/476-1042

F Accounting method:☐ Cash☒ Accrual
Other (specify) ▶

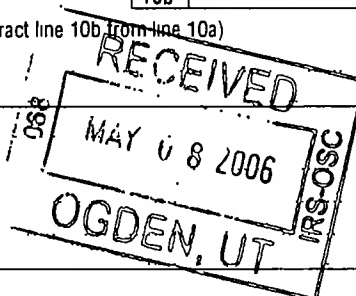
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ N/A**H(c)** Are all affiliates included? N/A ☐ Yes ☐ No
(If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ N/A**G** Website: ▶ <http://policeprotectivefund.org/>**J** Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶

4,925,969.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	4,918,256.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 4,918,256. noncash \$)	1d	4,918,256.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶ See Statement 1)	7	6,831.			
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b	Less: cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	8d					
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
Net Assets	11	Other revenue (from Part VII, line 103)	11	882.		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	4,925,969.		
	13	Program services (from line 44, column (B))	13	1,630,944.		
	14	Management and general (from line 44, column (C))	14	92,803.		
	15	Fundraising (from line 44, column (D))	15	3,112,572.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	4,836,319.		
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	89,650.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	325,499.		
20	Other changes in net assets or fund balances (attach explanation)	20	0.			
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	415,149.			



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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

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Part II **Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24	31,000.	31,000.	Statement 2
25 Compensation of officers, directors, etc.	25	251,500.	236,276.	15,224. 0.
26 Other salaries and wages	26	1,960,639.	545,173.	35,126. 1,380,340.
27 Pension plan contributions	27			
28 Other employee benefits	28	47,461.	26,348.	9,327. 11,786.
29 Payroll taxes	29	183,205.	60,486.	3,846. 118,873.
30 Professional fundraising fees	30	970,752.	271,811.	
31 Accounting fees	31	4,007.	785.	1,202. 2,020.
32 Legal fees	32	2,530.	496.	759. 1,275.
33 Supplies	33	72,886.	24,529.	2,891. 45,466.
34 Telephone	34	184,261.	53,509.	1,369. 129,383.
35 Postage and shipping	35	279,045.	79,548.	1,012. 198,485.
36 Occupancy	36	179,021.	65,321.	10,854. 102,846.
37 Equipment rental and maintenance	37	385,100.	107,828.	
38 Printing and publications	38	123,414.	48,202.	
39 Travel	39	14,149.	6,581.	3,014. 4,554.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	9,441.	4,720.	4,721.
43 Other expenses not covered above (itemize):				
a Contract labor	43a	1,073.	728.	345.
b Bank fees	43b	31,178.	9,446.	510. 21,222.
c Other operating	43c	99,184.	54,046.	2,603. 42,535.
d Website	43d	3,192.	3,192.	
e Registration fees	43e	3,281.	919.	
f	43f			
g	43g			
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	4,836,319.	1,630,944.	92,803. 3,112,572.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A.(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A.

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶

Promote effective and safe law enforcement

Program Service Expenses
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a Providing assistance to members of law enforcement by increasing officer safety awareness through education, promoting more effective law enforcement through public awareness, & providing a death benefit to enrolled officers.

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

1,630,944.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

1,630,944.

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	99,534.	45	150,147.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	27,037.		
	b Less: allowance for doubtful accounts		47c	27,037.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	7,490.	53	10,950.
	54 Investments - securities Stmt 3 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	236,302.	54	241,977.
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	53,333.			
b Less: accumulated depreciation	34,323.	57c	19,010.	
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	378,833.	59	449,121.	
Liabilities	60 Accounts payable and accrued expenses	53,334.	60	33,972.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities. Add lines 60 through 65	53,334.	66	33,972.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	325,499.	67	415,149.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. column (A) must equal line 19, column (B) must equal line 21)	325,499.	73	415,149.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	378,833.	74	449,121.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a		Total revenue, gains, and other support per audited financial statements	a	4,925,969.
b		Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): _____	b4		
Add lines b1 through b4			b	0.
c		Subtract line b from line a	c	4,925,969.
d		Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
Add lines d1 and d2			d	0.
e		Total revenue (Part I, line 12). Add lines c and d	e	4,925,969.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
1	Expenses per audited financial statements
2	Expenses per return
3	Reconciliation
4	Reconciliation
5	Reconciliation
6	Reconciliation
7	Reconciliation
8	Reconciliation
9	Reconciliation
10	Reconciliation
11	Reconciliation
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92	Reconciliation
93	Reconciliation
94	Reconciliation
95	Reconciliation
96	Reconciliation
97	Reconciliation
98	Reconciliation
99	Reconciliation
100	Reconciliation

a Total expenses and losses per audited financial statements		a	4,836,319.
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify): _____	b4		
Add lines b1 through b4		b	0.
c Subtract line b from line a		c	4,836,319.
d Amounts included on Part I, line 17, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify): _____	d2		
Add lines d1 and d2		d	0.
e Total expenses (Part I, line 17). Add lines c and d		e	4,836,319.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

Part V-A	Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>
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Yes	No
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- 75 a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ _____ 4
- b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) See Statement 6
- c** Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? See Statement 7
- Note.** Related organizations include section 509(a)(3) supporting organizations.
- If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.
- d** Does the organization have a written conflict of interest policy?

Part V-B **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Part VI	Other Information (See the instructions.)
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	Yes	No
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- | | | | | |
|------|---|-----|---|----|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 76 | | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS?
If "Yes," attach a conformed copy of the changes. | 77 | | X |
| 78 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 78b | | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | | X |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | X | |
| b | If "Yes," enter the name of the organization <u>See Statement 5</u> | | | |
| | _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt | | | |
| 81 a | Enter direct or indirect political expenditures. (See line 81 instructions) | 81a | | 0. |
| b | Did the organization file Form 1120-POL for this year? | 81b | | X |

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85a	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
85b	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
85c	N/A		
d	Section 162(e) lobbying and political expenditures		
85d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87a	N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b	N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0., section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed ▶ See Statement 8		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	132
91 a	The books are in care of ▶ Paul Kutac Telephone no ▶ 512-476-1042 Located at ▶ 1114 West 7th Street, Ste 2, Austin, TX ZIP + 4 ▶ 78703		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		N/A

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2005

Name of the organization

Police Protective Fund

Employer identification number

74 2864446

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Anthony Colaprete 4416 Grand Blvd., New Port Richley, F	P.A. Manager 40.00	58,026.		
Frank Colaprete 4416 Grand Blvd., New Port Richley, F	P.A. Manager 40.00	104,000.		
Brian McGray 4416 Grand Blvd., New Port Richley, F	P.A. Manager 40.00	62,235.		
James Williams 4416 Grand Blvd., New Port Richley, F	P.A. Manager 40.00	104,000.		
Michelle S. Smith 4416 Grand Blvd., New Port Richley, F	Administrator 40.00	84,700.		
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Community Support, Inc. 312 E. Wisconsin Ave., Milwaukee, WI 53202	Fundraising	430,022.
Statewide Calling PO Box 312559, New Braunfels, TX 78131	Fundraising	295,090.
Professional Communications, Inc. 2707 Garnet Avenue, #200, San Diego, CA 92109	Fundraising	183,069.
JAK Productions 4501 Circle 75 Parkway, Suite E5280, Atlanta, GA	Fundraising	33,547.
Data Communications, Inc. 4751 Route 42 South, Suite B, Turnersville, NJ 08	Fundraising	21,176.
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-8) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is. (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii). (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **►** _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization **►** ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	4,441,733.	4,838,012.	4,222,886.	2,880,162.	16,382,793.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,238.	2,621.	1,395.	20.	6,274.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	1,860.	2,105.	See Statement 10	433.	4,398.
23 Total of lines 15 through 22	4,445,831.	4,842,738.	4,224,281.	2,880,615.	16,393,465.
24 Line 23 minus line 17	4,445,831.	4,842,738.	4,224,281.	2,880,615.	16,393,465.
25 Enter 1% of line 23	44,458.	48,427.	42,243.	28,806.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					327,869.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					0.
c Total support for section 509(a)(1) test. Enter line 24, column (e).					16,393,465.
d Add: Amounts from column (e) for lines 18 6,274. 19 22 4,398. 26b					10,672.
e Public support (line 26c minus line 26d total)					16,382,793.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					99.9349%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year. N/A					
(2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. N/A					
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines 15 16 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
<hr/>		
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32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>		
<hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>		
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34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

N/A

Check ☐ a ☐ if the organization belongs to an affiliated group

Check ☐ b ☐ if you checked "a" and "limited control" provisions apply

(b)
To be completed for ALL
electing organizations

N/A

- 36
37
38
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43
44

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

N/A

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Exempt Organizations (See page 12 of the instructions)

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c	X	

Form 990	Other Investment Income	Statement	1
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Description	Amount
Investment return	4,766.
Interest income	2,065.
Total to Form 990, Part I, line 7	6,831.

Form 990	Benefits Paid To or For Members	Statement	2
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Description	Amount
Death benefits	31,000.
Total to Form 990, Part II, line 24	31,000.

Form 990	Non-Government Securities	Statement	3
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Security Description	Cost/FMV	Corporate Stocks	Corporate Bonds	Other Publicly Traded Securities	Total Non-Gov't Securities
Investments	FMV			241,977.	241,977.
To Form 990, line 54, Col B				241,977.	241,977.

Form 990

Part V - List of Officers, Directors,
Trustees and Key Employees

Statement 4

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
Walter Dierks 6605 Hollywood Blvd. #224 Hollywood, CA 90028	Director 1.00	0.	0.	0.
David Dierks 6605 Hollywood Blvd. #224 Hollywood, CA 90028	Director & CFO 10.00	90,500.	0.	0.
Phil LeConte 6605 Hollywood Blvd. #224 Hollywood, CA 90028	Dir & Exec Off 40.00	161,000.	0.	0.
Dennis Haley 6605 Hollywood Blvd. #224 Hollywood, CA 90028	Advisory Council 0.00	0.	0.	0.
Suzanne D'Ambrose 6605 Hollywood Blvd. #224 Hollywood, CA 90028	Advisory Council 0.00	0.	0.	0.
John Schneiter 6605 Hollywood Blvd. #224 Hollywood, CA 90028	Advisory Council 0.00	0.	0.	0.
Greg O'Hara 6605 Hollywood Blvd. #224 Hollywood, CA 90028	Advisory Council 0.00	0.	0.	0.
John C. Cooley 6605 Hollywood Blvd. #224 Hollywood, CA 90028	Advisory Council 0.00	0.	0.	0.
David J. Fair 6605 Hollywood Blvd. #224 Hollywood, CA 90028	advisory Council 0.00	0.	0.	0.

Totals Included on Form 990, Part V

251,500.

0.

0.

Form 990

Identification of Related Organizations
Part VI, Line 80b

Statement 5

Name of OrganizationExemptNonExemptAmerican Association of Police Officers
Junior Police AcademyX
X

Form 990

Explanation of Relationship
Part V-A, Line 75b

Statement 6

Individual's NameTitle or Role

Walter Dierks

Director

Individual's NameTitle or Role

David Dierks

Director & CFO

Explanation of Relationship

Father/Son

Form 990	Part V-A Officer Compensation from Related Organizations	Statement	7
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<u>Officer's Name</u>	<u>Compensation</u>	<u>Employee Benefit Plan Contribution</u>	<u>Expense Account</u>
David Dierks	46,000.		

<u>Name of Related Organization</u>	<u>Employer ID Number</u>
American Association of Police Officers	74-2586522

Relationship Between Organizations

Compensation Description

Form 990	List of States Receiving Copy of Return Part VI, Line 90	Statement	8
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States

AZ,AL,CT,IL,IN,KS,MD,MA,MS,NH,NJ,NM,NY,NC,RI,VA,OH

Form 990	Part VIII - Relationship of Activities to Accomplishment of Exempt Purposes	Statement	9
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<u>Line</u>	<u>Explanation of Relationship of Activities</u>
93a	The On-Line Police Academy provides America's law enforcement professionals with authoritative distance learning opportunities that feature courses written by recognized experts in their field. Each of the distinguished instructors either conducts courses in resident universities, professional training facilities, state certified police academies, or is a department training officer.

Schedule A	Other Income	Statement	10
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Description	2004 Amount	2003 Amount	2002 Amount	2001 Amount
Other Revenue	0.	0.	0.	433.
On-Line Police Academy	1,860.	2,105.	0.	0.
Total to Schedule A, line 22	1,860.	2,105.	0.	433.

Schedule A	Involvement With Noncharitable Organizations	Statement 11
	Part VII, Line 51, Column (d)	

Name of Noncharitable Exempt Organization

American Association of Police Officers

Description of Transfers, Transactions, and Sharing Arrangements

Shares operating space - FMV is paid by all facilities.

Schedule A	Affiliation with Tax-Exempt Organizations	Statement 12
	Part VII, Line 52, Column (c)	

Name of Affiliated or Related Organization

American Assn of Police Officers

Description of Relationship with Affiliated or Related Organization

Has common officers and employees.

Police Protective Fund
 EIN: 74-2864446
 Form 990, Part V-A, Line 75c
 Statement of Related Compensation

Name of Officer	Name of Related Organization	EIN of Related Organization	Related Organization Compensation	Contributions to Employee Benefit Plans & Deferred Compensation Plans	Expense Account and Other Allowances	Relationship
David Dierks	American Association of Police Officers	74-2586522	46,000			Brother/Sister Organizations
David Dierks	Junior Police Academy	74-2713854	20,000			Brother/Sister Organizations